Comprehensive Review in Hand Surgery

July 14 – 16, 2006
Hotel InterContinental Chicago, Illinois

Program Chair:
Nicholas B. Vedder, MD

Co-Chair:
Alexander Y. Shin, MD
Overview:
The ASSH Comprehensive Review Course in Hand Surgery is designed as an advanced review course and update for practicing hand surgeons. The course will review the topical concepts of anatomy, biomechanics and pathology as well as diagnostic and treatment methods relating to hand surgery. The faculty members are recognized experts in hand surgery and have been selected for their knowledge, expertise and contributions relating to the subject matter they present.

Objectives
Upon completion of this course, the participant will be able to:
- Discuss the topic concepts of anatomy, biomechanics and pathology relating to surgery of the hand.
- Prescribe and use generally accepted diagnostic techniques required to evaluate various disease preventions.
- Describe treatment alternatives for acquired, traumatic, inflammatory, congenital and neoplastic disorders of the hand.

Accreditation
This activity has been planned and implemented in accordance with the Essential Areas and Elements by the Accreditation Council for Continuing Medical Education (ACCME) and by the American Society for Surgery of the Hand (ASSH). The ASSH is accredited by the ACCME to provide continuing medical education for physicians.

CME Credit Hours
The ASSH designates this educational activity for a maximum of 26.75 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Faculty

Kodi K. Azari, MD
Pittsburgh, PA

Scott H. Kozin, MD
Philadelphia, PA

Michael S. Bednar, MD
Maywood, IL

W. P. Andrew Lee, MD
Pittsburgh, PA

Prosper Benhaim, MD
Los Angeles, CA

Steven L. Moran, MD
Rochester, MN

Martin I. Boyer, MD
St. Louis, MO

Kevin D. Plancher, MD
New York, NY

Jeffrey E. Budoff, MD
Houston, TX

Alexander Y. Shin, MD
Rochester, MN

James Chang, MD
Palo Alto, CA

Matthew M. Tomaino, MD
Rochester, NY

Harris Gellman, MD
Coral Springs, FL

Thomas E. Trumble, MD
Seattle, WA

Robert J. Goitz, MD
Pittsburgh, PA

Ann E. Van Heest, MD
Minneapolis, MN

Douglas P. Hanel, MD
Seattle, WA

Nicholas B. Vedder, MD
Seattle, WA

Michael R. Hausman, MD
New York, NY

Bradon J. Wilhelm, MD
Springfield, IL
Program Friday, July 14, 2006

6:30 am – 7:15 am Breakfast
6:45 am – 6:00 pm Registration
7:15 am – 12:15 pm SESSION I
Moderator: Martin I. Boyer, MD
7:15 am – 7:20 am Introduction
Nicholas B. Vedder, MD
7:20 am – 7:55 am Anatomy: Variations and Eponyms
Steven L. Moran, MD
7:55 am – 8:20 am Imaging Techniques of Hand and Wrist
Martin I. Boyer, MD
8:20 am – 8:45 am Tendonitis and Elbow Arthroscopy
Kevin D. Plancher, MD
8:45 am – 9:30 am Fractures of Phalanges and Metacarpals
Steven L. Moran, MD
9:30 am – 10:00 am BREAK/Visit Educational Displays
10:00 am – 10:45 am Compressive Neuropathy: Diagnosis and Treatment
W.P. Andrew Lee, MD
10:45 am – 11:10 am Extensor Tendons: Acute and Chronic Injuries
Kevin D. Plancher, MD
11:10 am – 11:45 am Flexor Tendon Injuries and Reconstruction
Martin I. Boyer, MD
11:55 am – 12:15 pm Expert Panel
Moderator: W.P. Andrew Lee, MD
Panelists: Martin I. Boyer, MD
Jeffrey E. Budoff, MD
Steven L. Moran, MD
12:15 pm – 1:00 pm LUNCH/Visit Educational Displays
1:00 pm – 6:00 pm SESSION II
Moderator: Thomas E. Trumble, MD
1:15 pm – 1:45 pm Peripheral Nerves: Physiology and Repair
Thomas E. Trumble, MD
1:45 pm – 2:30 pm Brachial Plexus: Anatomy, Injury Patterns and Management
Alexander Y. Shin, MD
2:30 pm – 3:15 pm Tendon Transfers
Thomas E. Trumble, MD
3:15 pm – 3:45 pm BREAK/Visit Educational Displays
3:45 pm – 4:30 pm Cerebral Palsy: Management in the Upper Extremity
Ann E. Van Heest, MD
4:30 pm – 5:00 pm Compartment Syndrome and Volkman’s Contracture
Harris Gellman, MD
5:00 pm – 5:40 pm Tetraplegia
Ann E. Van Heest, MD
5:40 pm – 6:00 pm Expert Panel
Moderator: Thomas E. Trumble, MD
Panelists: Alexander Y. Shin, MD
Ann E. Van Heest, MD
Harris Gellman, MD
6:00 pm – 6:45 pm Reception

Program Saturday, July 15, 2006

6:30 am – 7:15 am Breakfast
7:15 am – 12:30 pm SESSION III
Moderator: Michael R. Hausman, MD
7:15 am – 7:20 am Introduction
Nicholas B. Vedder, MD
7:20 am – 7:55 am Anatomy: Variations and Eponyms
Steven L. Moran, MD
7:55 am – 8:20 am Imaging Techniques of Hand and Wrist
Martin I. Boyer, MD
8:20 am – 8:45 am Tendonitis and Elbow Arthroscopy
Kevin D. Plancher, MD
8:45 am – 9:30 am Fractures of Phalanges and Metacarpals
Steven L. Moran, MD
9:30 am – 10:00 am BREAK/Visit Educational Displays
10:00 am – 10:45 am Compressive Neuropathy: Diagnosis and Treatment
W.P. Andrew Lee, MD
10:45 am – 11:10 am Extensor Tendons: Acute and Chronic Injuries
Kevin D. Plancher, MD
11:10 am – 11:45 am Flexor Tendon Injuries and Reconstruction
Martin I. Boyer, MD
11:55 am – 12:15 pm Expert Panel
Moderator: W.P. Andrew Lee, MD
Panelists: Martin I. Boyer, MD
Jeffrey E. Budoff, MD
Steven L. Moran, MD
12:15 pm – 1:00 pm LUNCH/Visit Educational Displays
1:00 pm – 6:00 pm SESSION II
Moderator: Thomas E. Trumble, MD
1:15 pm – 1:45 pm Peripheral Nerves: Physiology and Repair
Thomas E. Trumble, MD
1:45 pm – 2:30 pm Brachial Plexus: Anatomy, Injury Patterns and Management
Alexander Y. Shin, MD
2:30 pm – 3:15 pm Tendon Transfers
Thomas E. Trumble, MD
3:15 pm – 3:45 pm BREAK/Visit Educational Displays
3:45 pm – 4:30 pm Cerebral Palsy: Management in the Upper Extremity
Ann E. Van Heest, MD
4:30 pm – 5:00 pm Compartment Syndrome and Volkman’s Contracture
Harris Gellman, MD
5:00 pm – 5:40 pm Tetraplegia
Ann E. Van Heest, MD
5:40 pm – 6:00 pm Expert Panel
Moderator: Thomas E. Trumble, MD
Panelists: Alexander Y. Shin, MD
Ann E. Van Heest, MD
Harris Gellman, MD
6:00 pm – 6:45 pm Reception

Hand Osteoarthritis and Salvage Wrist Procedures
Prosper Benhaim, MD
### Program Saturday, July 15, 2006

**7:55 am – 8:45 am** Distal Radius Fractures  
Douglas Hanel, MD

**8:45 am – 9:30 am** Distal Radio-Ulnar Joint: Anatomy, Disorder and Treatment  
Michael S. Bednar, MD

**9:30 am – 10:00 am**  
BREAK/Visit Educational Displays

**10:00 am – 10:35 am** Elbow Fracture and Dislocation  
Robert Goitz, MD

**10:35 am – 11:05 am** Post-traumatic Reconstruction of Elbow  
Douglas Hanel, MD

**11:05 am – 11:40 am** Fingertip and Nailbed Injuries: Local and Regional Flaps  
Bradon J. Wilhelmi, MD

**11:40 am – 12:00 pm** Expert Panel  
**Moderator:** Michael S. Bednar, MD  
**Panelists:**  
Douglas Hanel, MD  
Robert Goitz, MD  
Bradon J. Wilhelmi, MD

**12:00 pm – 12:45 pm** LUNCH/Visit Educational Displays

**12:45 pm – 5:30 pm** SESSION VI  
**Moderator:** Scott H. Kozin, MD

**12:45 pm – 1:30 pm** Examination, Diagnosis, and Treatment of Common Shoulder Problems  
Robert Goitz, MD

**1:30 pm – 2:15 pm** Replantation  
Bradon J. Wilhelmi, MD

**2:15 pm – 3:00 pm** Dislocations and Ligament Injuries of the Hand  
James Chang, MD

**3:00 pm – 3:30 pm** BREAK/Visit Educational Displays

**3:30 pm – 4:15 pm** Congenital Anomalies  
Scott H. Kozin, MD

**4:15 pm – 4:50 pm** Dupuytren's Disease  
James Chang, MD

**4:50 pm – 5:25 pm** Hand Infections  
Scott H. Kozin, MD

**5:25 pm – 5:45 pm** Expert Panel  
**Moderator:** Scott H. Kozin, MD  
**Panelists:**  
Robert Goitz, MD  
Bradon J. Wilhelmi, MD  
James Chang, MD

**5:45 pm** CLOSING and ADJOURN

### Program Sunday, July 16, 2006

**6:30 am – 7:15 am** Breakfast

**7:15 am – 12:00 pm** SESSION V  
**Moderator:** Michael S. Bednar, MD

**7:15 am – 7:55 am** Wrist Anatomy and Carpal Mechanics  
Michael S. Bednar, MD

**7:55 am – 8:45 am** Distal Radius Fractures  
Douglas Hanel, MD

**8:45 am – 9:30 am** Distal Radio-Ulnar Joint: Anatomy, Disorder and Treatment  
Michael S. Bednar, MD

**9:30 am – 10:00 am**  
BREAK/Visit Educational Displays

**10:00 am – 10:35 am** Elbow Fracture and Dislocation  
Robert Goitz, MD

**10:35 am – 11:05 am** Post-traumatic Reconstruction of Elbow  
Douglas Hanel, MD

**11:05 am – 11:40 am** Fingertip and Nailbed Injuries: Local and Regional Flaps  
Bradon J. Wilhelmi, MD

**11:40 am – 12:00 pm** Expert Panel  
**Moderator:** Michael S. Bednar, MD  
**Panelists:**  
Douglas Hanel, MD  
Robert Goitz, MD  
Bradon J. Wilhelmi, MD

**12:00 pm – 12:45 pm** LUNCH/Visit Educational Displays

**12:45 pm – 6:00 pm** SESSION IV  
**Moderator:** Nicholas B. Vedder, MD

**12:45 pm – 1:30 pm** Burns, Frostbite and Chemical Injuries  
Prosper Benhaim, MD

**1:30 pm – 2:15 pm** Vascular Insufficiency  
Kodi K. Azari, MD

**2:15 pm – 2:35 pm** Arthroscopy of Hand and Wrist  
Jeffrey E. Budoff, MD

**2:35 pm – 3:15 pm** Soft Tissue Reconstruction of the Upper Extremity  
Nicholas B. Vedder, MD

**3:15 pm – 3:45 pm** BREAK/Visit Educational Displays

**3:45 pm – 4:20 pm** Complex Regional Pain Syndrome  
Jeffrey E. Budoff, MD

**4:20 pm – 4:55 pm** Thumb Reconstruction  
Nicholas B. Vedder, MD

**4:55 pm – 5:40 pm** Tumors: Evaluation and Management  
Kodi K. Azari, MD

**5:40 pm – 6:00 pm** Expert Panel  
**Moderator:** Nicholas B. Vedder, MD  
**Panelists:**  
Prosper Benhaim, MD  
Brandon J. Wilhelmi, MD  
Kodi K. Azari, MD

**6:00 pm – 7:15 am** Breakfast
Registration and Travel Information

### Tuition

<table>
<thead>
<tr>
<th>Status</th>
<th>Amount</th>
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<tbody>
<tr>
<td>ASSH Member</td>
<td>$825</td>
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<tr>
<td>Nonmember Physician</td>
<td>$925</td>
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<tr>
<td>Residents and Fellows</td>
<td>$475</td>
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<tr>
<td>Allied Health Professional</td>
<td>$595</td>
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</tbody>
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Tuition after July 12 will be an additional $50.

All registration fees include full breakfast, refreshment breaks, and lunch each day, in addition to the reception July 14 and a detailed course syllabus. Course sessions and food functions are for the course registrants only—spouses and families are not permitted in these areas.

### Refund Policy

A full refund, less a $95 cancellation fee, will be given if written notification is received at the ASSH Central Office on or before June 14. A full refund less a $150 cancellation fee will be issued if written notification is received between June 14 and July 1. No refunds will be given after July 1, 2006.

### Registration Confirmation

All registrations are confirmed by e-mail or fax. If you have not received a confirmation prior to your departure for this course, please contact the ASSH Registrar at (847) 384-8300.

### Refund Policy

A full refund, less a $95 cancellation fee, will be given if written notification is received at the ASSH Central Office on or before June 14. A full refund less a $150 cancellation fee will be issued if written notification is received between June 14 and July 1. No refunds will be given after July 1, 2006.

### Four Easy Ways to Register

- **By Internet at www.assh.org**
  Register for this course on the ASSH website using a credit card (VISA, MasterCard, and American Express). Simply log on to www.assh.org, click on the Continuing Medical Education button and follow the instructions provided.

- **By Fax**
  Fax your completed registration form and credit card information to the ASSH Central Office at (847) 384-1435.

- **By Telephone**
  The ASSH Central Office staff will gladly accept your registration and payment information over the telephone. Simply call the ASSH Central Office at (847) 384 – 8300 and a staff member will assist you.

- **By Mail**
  Complete all parts of the registration form found on page 11 of this brochure and mail it with your payment (Check made payable to ASSH in U.S. funds, VISA, MasterCard or American Express information) to:
  
  American Society for Surgery of the Hand
  75 Remittance Drive, Suite 1566
  Chicago, IL 60675 – 1566

### Hotel

Housing for the Comprehensive Review in Hand Surgery course will be at the InterContinental Hotel, 505 North Michigan Avenue, Chicago, Illinois. Check-in time for the hotel is 3:00 pm and check-out time is noon. The historic InterContinental Hotel is ideally located on the “Magnificent Mile” in the heart of Chicago’s shopping, entertainment and business district. The hotel has a pool and fitness center and is 20 miles from O’Hare International Airport, 12 miles from Midway Airport.

All course participants are responsible for making their own sleeping room reservations. Please specify that you will be attending the ASSH Comprehensive Review Course. Participants may reserve their sleeping room by calling the InterContinental Hotel directly at (800) 628-2112 or (312) 944-4100 or by faxing the completed hotel reservation form found on page 10 of this brochure to the hotel at (312) 944-1530. Reservation requests must be accompanied by one night’s deposit and must be received by June 5, 2006. Upon check in you will be asked to verify your check out date. The InterContinental is one of a growing number of hotels that will levy an addition charge should your departure date by altered after check in, without prior notification. Rates are subject to the appropriate state and local taxes in effect at the time of your program date.

### Airline Information

United Airlines has been selected as the official carrier for the course. Reservations must be made and tickets must be purchased a minimum of seven days prior to departure to secure the discount. United will confirm reservations at the lowest rate available, provided normal qualifications are met. To take advantage of these special airfares, individuals or their travel agents may contact United Airlines at (800) 521-4041 and reference Meeting ID Code 549KA.

### Disclaimer

The material presented in this continuing medical education program is being made available by the American Society for Surgery of the Hand (ASSH) for educational purposes only. This material is not intended to represent the only, or necessarily the best, methods or procedures appropriate for the medical situation discussed, but rather is intended to present an approach, view, statement or opinion of the authors or presenters that may be helpful or of interest to other practitioners. The attendees agree to participate in this medical education program sponsored by ASSH with full knowledge and awareness that they waive any claim they may have against ASSH for reliance on any information presented in this educational program. In addition, the attendees also waive any claim they have against ASSH for injury or other damages that may result in any way from their participation in this program. All of the proceedings of the Anatomy and Disorders of the Wrist courses, including the presentation of scientific papers, are intended for limited publication only, and all property rights in the material presented, including common – law copyright, are expressly reserved by the speaker or ASSH. No statement of presentation made is to be regarded as dedicated to the public domain. Any sound reproduction transcript or other use of the material presented at this course without the permission of the speaker or ASSH is prohibited to the full extent of common – law copyright in such material. ASSH are not responsible for expenses incurred by an individual who is not confirmed and for whom space is not available at the meeting. Costs incurred by the registrant such as airline or hotel fees or penalties are the responsibility of the registrant. The approval of the U.S. Food and Drug Administration is required for procedures and drugs that are considered experimental. Instrumentation systems discussed and/or demonstrated in or at ASSH educational programs may not yet have received FDA approval.

### Questions?

Contact Danielle Conkle, Meetings & Exhibits Coordinator at (847) 384-8300 or via e-mail at dconkle@assh.org.
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Comprehensive Review in Hand Surgery
July 14 – 16, 2006

Register online at www.assh.org with credit card information
Register by fax at (847) 384-1435 with credit card information
Register by telephone at (847) 384-8300 with credit card information
Register by mail: American Society for Surgery of the Hand
Dept. 1005
P.O. Box 6500
Chicago, IL 60680

Please complete a separate form for each registrant. Photocopies are acceptable. If you fax your registration form, it is not necessary to mail the original.

First name M.I. Last name Degree
Please print how your FIRST name should appear on your badge
Organization
Mailing address City
State Zip/Postal code Province Country
Phone Fax E-mail address
Check here to indicate if this is an address change for: Office Home
Please indicate special accommodation, if any, that you may require during the meeting due to a physical challenge

Registration Fees
ASSH Member $825
Nonmember Physician $925
Residents and Fellows $475
Allied Health Professional $595
Onsite registration will be an additional $50

Please check all that apply:
Orthopaedic surgeon Plastic surgeon General surgeon
Resident—General Residents—Orthopaedic
Resident—Plastic Resident—Plastic
Nurse Other:

Please check the percentage of your practice devoted to hand surgery:
0–24% 25–49% 50–74% 75–100%
I am an allied health professional

American Foundation for Surgery of the Hand
If you would like to make a donation to the Foundation, please mark your preference below. Contributions to AFSH are deductible to the extent permitted by law.
$50 $100 $150 $300 Other:__________

Payment Method
Check enclosed (U.S. funds made payable to the American Society for Surgery of the Hand) VISA MasterCard American Express

Card number Expiration date
Print name (as it appears on card) Signature (for credit card charges)

Hotel InterContinental, Chicago, Illinois
Comprehensive Review in Hand Surgery
July 14 – 16, 2006

Return mail or fax hotel form with your deposit to the hotel by June 5. If necessary, photocopies of this form may be used to make additional reservations. Please recheck all items for correct information and keep a copy for future reference.

Please reserve the following accommodation.
☐ Single/Double $145 per person per night in main building
☐ Single/Double $175 per person per night in historic building

Hotel room rates are subject to applicable state and local taxes in effect at time of check-in. The tax rate in effect at the date of the agreement with the InterContinental Hotel is 14.9%. Five dollars of your room rate will be used to defray meeting costs.

Guaranteed late arrival? ☐ Yes ☐ No
Names of persons sharing room with arrival/departure date for each individual

Please indicate any special requests:
☐ Wheelchair accessible ☐ Non-smoking ☐ Smoking

Indicate special accommodations, if any, that you may require during the meeting due to a physical challenge

Hotel Room Reservation Information (please print):
Name Organization
Mailing Address City
State Zip Province Country
Office Telephone Office Fax E-mail Home Telephone
Arrival Date Time Departure Date Time
Guarantee my reservation to: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Diner’s Club
Card Number Expiration Date
Print Name (as it appears on card) Signature (for credit card charges)

Please complete a separate form for each registrant. Photocopies are acceptable. DO NOT MAIL THIS FORM TO THE ASSH CENTRAL OFFICE!

Send this form to:
InterContinental Hotel
Attn: Reservations Department
505 North Michigan Avenue
Chicago, Illinois 60611
The American Society for Surgery of the Hand
6300 North River Road, Suite 600
Rosemont, IL 60018-4256

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